

a position of advising and conferring in the interests of all concerned.

Medicine is at its best when it deals with problems or matters in which its practitioners are uniquely qualified. The public relations of the profession are best served where physicians can contribute their time, talent and training in assisting

others who are not similarly trained. School health standards most assuredly fall within this field and it is hoped that the physicians of California will enter into conferences with their local school authorities for the better environmental, physical and emotional well-being of our youngsters. Their futures may well depend on the steps taken now.

Editorial Comment...

Salk Vaccine: 1956 Emergency Dosage Schedule

CALIFORNIA MEDICINE has received a copy of a letter to the *Journal of the American Medical Association* from Hart E. Van Riper, M.D., Medical Director, N.F.I.P., on the subject "Salk Polio Vaccine: 1956 Emergency Dosage Schedule." The recommendations therein may be summarized as follows:

The recommended dosage schedule for poliomyelitis vaccine consists of two injections at intervals of two to six weeks followed by a third "booster dose" not less than seven months after the second. In the future the procedure will probably consist of giving two doses in the fall and a third dose prior to the seasonal incidence in the summer.

Obviously this method cannot currently be followed with the short supply of vaccine and the diminishing interval before the epidemic period so that some compromise of this ideal schedule will be necessary.

On the basis of preliminary evidence a single dose of vaccine appears to have some protective value—commonly stated to be about 60 per cent effective. Accordingly it seems appropriate to employ available supplies to the fullest extent for first injections

in the specified priority groups (children under 15 years of age and pregnant women). Second doses may then be given only as the supply becomes more abundant.

Second doses should be given not less than two weeks after the first and probably a much longer time is to be preferred. There is no established limit to the interval between first and second injections. It is not necessary to reinstitute a complete series of injections when the second dose is greatly delayed and those who received a first dose last spring may properly be given a second one as the supply of vaccine permits.

March 13, 1956, the Surgeon General of the U. S. Public Health Service recommended postponement of "booster shots" for the present in order to conserve vaccine for the administration of first and second doses to a maximum number of individuals before the next epidemic.

The designated priority groups constitute some fifty million individuals. If a high percentage of these currently receive one or two injections the best feasible effort will have been made to control the disease by this method for the approaching season. Scrutiny of results may do much to clarify our evaluation of Salk vaccination.